

Response to Statement of Disagreement to Amend Records

Insert Client Name and Address		Medicaid ID# or Soc. Sec. #
		Date Filed
		Date Completed
Dear (Client name):		
We received your "Statement of Disagreement" in response to our letter notifying you that we denied your "Amendment/Correction of Health Record Request." As part of the amendment request procedure, your initial request, your statement of disagreement, and the supporting documents were forwarded for further review to a third party within our agency who was not involved in the original decision to deny your request.		
After considering your initial request, our denial of the request, and your statement of disagreement, along with your medical record, the third party determined that:		
	The initial "Amendment of Health Record Request" that you submitted will be honored and the requested access to your health information will be made.	
	Please contacthealth information you requested	to schedule an appointment to review the to access.
	Your request continues to be denied. Your request for amendment/correction, our denial of the request, your statement of disagreement, and our rebuttal statement, will be added to your medical record and will be included with any future disclosures regarding that information.	
If you would like to file a complaint you may contact the(Program) Privacy Office at: (Give information here: address, telephone number, and Program's privacy e-mail address.)		
	Agency Representative and Title	e Date
	rigency representative and Title	Date
c: Case File Program Privacy Office (i.e. Medicaid, OCDD, OPH, OBH, OAAS)		

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